PATENT
450110-02761

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)	:	Mark John McGrath	
Serial No.	:	09/713,420	
For	:	DATA PROCESSOR AND DATA PROCESSING METHOD	
Filed	:	November 15, 2000	
Examiner	:	James A. Fletcher	
Art Unit	:	2615	

745 Fifth Avenue
New York, New York 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on July 19, 2004.

Bruno Polito, Reg. No. 38,580

Name of Applicant, Assignee or Registered Representative

Signature

July 19, 2004

Date of Signature

AMENDMENT AFTER FINAL ACTION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Action mailed April 19, 2004, please amend the above-

identified application as follows.

-1-

00205455

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

JUL 2 3 2004

Technology Center 2600

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	29	Minus	** = 42	* 0 x	$18 (9)	= $ 0.00
Independent claims	3	Minus	*** = 3	* 0 x	$86 (43)	= $ 0.00
			Total additional fee for this amendment		$	0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

☐ This application contains a multiple dependent claim. The required fee of $290 (145) has been previously paid ☐, or is paid herewith ☐.

☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.

☐ A check in the amount of $_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.

☐ Charge $_____ to Deposit Account No. 50-0320.

☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Bruno Polito, Reg. No. 38,580

Name of Applicant, Assignee or Registered Representative

Signature

July 19, 2004
Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

By:
Bruno Polito
Reg. No. 38,580
Tel: 212-588-0800

00205730